

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on November 24, 2003.

### **I. DISPUTE**

Whether there should be reimbursement for CPT Code 27457 for date of service April 1, 2003.

### **II. RATIONALE**

- CPT Code 27457 for date of service 4/1/03 denied as "R – Extent of Injury". Review of the TWCC database reveals a Benefit Review Conference (BRC) was held on February 27, 2003. An agreement that the claimant injury does extend to meniscal tear and ACL disruption was reached. Therefore, this CPT Code will be reviewed according to Commission Rules and the 1996 Medical Fee Guideline. Per the 1996 Medical Fee Guideline, Surgery Ground Rule (I)(D)(c) submitted operative report supports reimbursement in the amount of \$1,568.00 is recommended.

### **III. DECISION & ORDER**

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is entitled to reimbursement for CPT code 27457 in the amount of \$1,568.00. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$1,568.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 23rd day of March 2004.

Marguerite Foster  
Medical Dispute Resolution Officer  
Medical Review Division

Roy Lewis, Supervisor  
Medical Dispute Resolution  
Medical Review Division

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